



BLOCK PARTY APPLICATION

CITY OF ALLENTOWN
ALLENTOWN POLICE DEPARTMENT
425 HAMILTON STREET
ALLENTOWN PA 18101-1603
610 437-7710

BLOCK(S) AND STREET TO BE CLOSED			FROM (STREET)		TO (STREET)	
DATE OF EVENT	IF REQUESTING MULTIPLE DATES, PLEASE USE THE FOLLOWING SPACES →	DATE OF EVENT	DATE OF EVENT	DATE OF EVENT	DATE OF EVENT	
RAIN DATE		RAIN DATE	RAIN DATE	RAIN DATE	RAIN DATE	

PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- . THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER (NON-REFUNDABLE PAYABLE TO THE "CITY OF ALLENTOWN" IN THE AMOUNT OF **TEN DOLLARS (\$10.00)** PER BLOCK PER DAY, NO CASH WILL BE ACCEPTED
- . APPLICANT MUST RESIDE ON BLOCK BEING CLOSED.
- . IF EVENT BLOCKS AN INTERSECTING "T" STREET, SUBMIT A SEPARATE APPLICATION AND PETITION FOR EACH AFFECTED STREET
- . BLOCK PARTY APPLICATION MUST HAVE A PETITION SIGNED BY 75% OF RESIDENTS ON THE BLOCK (SEE OTHER SIDE), AND/OR 75% OF THE RESIDENTS OF AN APARTMENT COMPLEX.
- . APPLICATIONS WILL BE RETURNED IF NOT COMPLETE OR IF RECEIVED LATER THAN TEN (10) DAYS BEFORE THE EVENT.
- . PHOTOCOPIES OF APPLICATION OR PETITION WILL NOT BE ACCEPTED.
- . ALL PERMITS WILL BE VALID FROM **8:00 AM TO 8:30 PM**

ANSWER THE FOLLOWING QUESTIONS (PLEASE PRINT)

APPLICANT'S NAME		DAYTIME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
APPLICANT'S ADDRESS			ZIP CODE
SPONSORING ORGANIZATION (IF ANY) AND ADDRESS		DAYTIME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
TIME OF EVENTS <input type="checkbox"/> AM <input type="checkbox"/> PM	TYPE OF EVENT <input type="checkbox"/> PM <input type="checkbox"/> AM	WILL A RELIGIOUS EVENT BE CONDUCTED ON STREET? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES A BUS TRAVEL ON THE STREET TO BE CLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PEOPLE ATTENDING	

WHEN APPROVED, A BLOCK PARTY PERMIT SHALL BE ISSUED AUTHORIZING THE APPLICANT TO CLOSE THE STREET. IT IS SUBJECT TO REVOCATION IF THE APPLICANT DOES NOT COMPLY WITH ALL PERTINENT LAWS, RULES AND REGULATIONS INCLUDING ANY CONDITIONS OR RESTRICTIONS IMPOSED BY THE CITY OF ALLENTOWN.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to such penalties that may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE _____

This form will be returned if not signed by applicant

_____ Date

- FOR OFFICE USE ONLY -

☐ APPROVAL

☐ DENIAL

<div>SIGNATURES AND ADDRESSES OF ALL PETITIONERS</div> <div>ONE ADULT SIGNATURE PER HOUSEHOLD FROM 75% OF RESIDENTS LIVING ON THE BLOCK, AND/OR 75% OF THE RESIDENTS OF AN APARTMENT COMPLEX IS REQUIRED FOR APPROVAL USE ADDITIONAL SHEETS IF NECESSARY</div>					
<div>PLEASE REVIEW DATES ON FRONT OF APPLICATION</div> <div>BEFORE</div> <div>SIGNING THE PETITION</div>					
WE AGREE TO BE RESPONSIBLE FOR ALL INJURIES TO PERSONS OR DAMAGE TO PROPERTY					
NUMBER OF HOUSES ON BLOCK		NUMBER OF VACANT HOUSES ON BLOCK		NUMBER OF SIGNATURES	
NAME		ADDRESS	NAME		ADDRESS
1.			31.		
2.			32.		
3.			33.		
4.			34.		
5.			35.		
6.			36.		
7.			37.		
8.			38.		
9.			39.		
10.			40.		
11.			41.		
12.			42.		
13.			43.		
14.			44.		
15.			45.		
16.			46.		
17.			47.		
18.			48.		
19.			49.		
20.			50.		
21.			51.		
22.			52.		
23.			53.		
24.			54.		
25.			55.		
26.			56.		
27.			57.		
28.			58.		
29.			59.		
30.			60.		